



Maryland Suicide Prevention and Early Intervention Network Newsletter

WITH HELP COMES HOPE

Participate in Children's Mental Health Awareness Week

Mental Health Awareness Month was first observed during the month of May more than 70 years ago. The first week of May has been designated as Children's Mental Health Awareness Week, which is observed May 3-9 of this year.

Children's Mental Health Awareness Week began as an effort to raise awareness of the prevalence and causes of mental health and substance use concerns among youth, as well as resources and supports that can effectively address these problems.

For more than two decades, [Children's Mental Health Matters!](#), a campaign led by the Mental Health Association of Maryland and the Maryland Coalition of Families, has worked to reduce mental health stigma and guide families, schools, and other organizations in supporting children's mental well-being.

Below are a few ways you can join Children's Mental Health Matters! to promote youth mental health this month:

- Share messages of hope and resiliency by signing up to be a [School Champion](#) or a [Community Champion](#).
- Check out the [Annual Youth Art Display](#), hosted by Maryland's First Lady, Mrs. Yumi Hogan.
- Choose a book to read with your child or student. Check out these suggested booklists for [early childhood readers](#) and [older childhood readers](#).
- Complete an [activity](#) with your child or student to help them develop positive coping skills and build resiliency.



Maryland
DEPARTMENT OF HEALTH

Are You a Veteran?

Maryland's Commitment to Veterans (MCV) is a program devoted to total wellness for veterans and their families.

MCV provides training to the community about veteran-specific topics to improve awareness of available behavioral health resources. Regional resource coordinators provide assistance to veterans and their families to support a healthy transition to civilian life.

To connect to a regional resource coordinator, call the MCV referral line at **877-770-4801**.

211
Maryland

Get connected. Get help.
Call 211, press 1

Preventing Suicide in Correctional Systems

Although suicide has always been a concern for correctional systems, suicide rates among inmates have [risen](#) in recent years. According to the Bureau of Justice Statistics, suicide accounted for [31% of all deaths in local jails](#) and [6.8% of all deaths in state prisons](#) in 2016.

These suicides are indicative of the many [risk factors](#) that are present among incarcerated persons, such as stressful life transitions brought on by legal issues, social isolation (especially for those placed in solitary confinement), lack of outside supports, lack of access to adequate health care services, bullying, and harassment.

As part of [Project 2025](#), an initiative to reduce suicide by 20% by the year 2025, the National Commission on Correctional Healthcare and the American Foundation for Suicide

Prevention (AFSP) have released [Suicide Prevention Resource Guide: National Response Plan for Suicide Prevention in Corrections](#). The plan recommends the following practices:

- More comprehensive suicide risk assessments specific to the correctional system.
- The use of evidenced-based therapeutic interventions for inmates displaying suicidal behaviors or nonsuicidal self-injury (NSSI).
- Follow-up care for inmates released from “suicide watch” protocols.
- The development of treatment plans that include safety and stabilization planning.
- Suicide prevention training delivered in person and to all staff who interact with inmates.

- Modifying cell design to limit access to lethal means, improve visibility by staff, and improve overall safety.
- Paying special consideration to periods of highest risk, such as admission to a facility.

For more information, read [The Role of Adult Correctional Officers in Preventing Suicide](#).



Image courtesy of [Canva](#).

Resource Spotlight: Interactive Screening Program

[One in five](#) Americans has a mental health condition, yet, many are reluctant to seek help for these problems – especially when that help is offered by employers. Employees may worry that if they reach out to their employers for mental health support, their problems will not remain private



Image courtesy of [Canva](#).

or could put their employment status at risk.

AFSP’s [Interactive Screening Program](#) (ISP) offers employees a safe and confidential method to connect to resources and support for these concerns. Workplaces that sign up for ISP will receive a personalized website that allows employees to:

- Anonymously complete a mental health screener
- Talk with a counselor about available resources
- Set up an appointment or request a referral
- Receive ongoing support,

guidance, and recommendations for managing symptoms

AFSP will also provide technical assistance and training for counselors of organizations that implement ISP.

ISP is available for use in workplace Employee Assistance Programs (EAPs), colleges and universities, and health care systems.

Employers interested in learning more can fill out an [interest form](#) to receive more information about how ISP can meet their organization’s needs.

TRAINING SNAPSHOT

New Online Training Module for Clinicians

Our new online training module for clinicians launched in December. Learn about conducting suicide risk assessments, therapeutic interventions, and more. [Take the module now!](#)

Suicide Risk Assessment and Management for Behavioral Health Professionals

[Click here to begin](#)

Postvention as Prevention

On March 6, Sarah Montgomery, LSCW-C and Joy McCrady, LCPC presented on how we can provide support to children, adults, and families who are grieving a suicide loss. We will be hosting this training again on June 2 if you missed it this time around!



FAST FACTS

1.17 million

The [average cost](#), including lifetime medical and work loss costs, of a suicide death in Maryland is \$1,168,110.

FOR MORE INFORMATION

[Report of Findings: Building the National Guidelines for Workplace Suicide Prevention](#)

Suicide and the Workplace

Working-age adults who are employed full-time spend nearly a third of their time at work, so it is not surprising that the highs and lows experienced in the workplace can impact employees' overall well-being. Likewise, hardships that occur outside the workplace might affect an employee's job performance and working relationships. Studies have shown that employees who find it difficult to balance the competing demands of work and family, lack job autonomy and job task variety, and do not feel that their work is meaningful or rewarding are at a [higher risk](#) for suicide. Employees who are struggling with other life stressors – such as interpersonal conflict or financial strain cannot easily ignore their troubles during the workday.

Recent data highlights suicide as an emerging issue affecting workplaces nationwide. The Bureau of Labor Statistics found that work-related suicides [increased 11%](#) between 2017 and 2018. Meanwhile, one [study](#), using 2007 data from the Centers for Disease Control (CDC)'s [Web-based Injury Statistics Query and Reporting System](#) (WISQARS), estimated that a single suicide death in 2013 cost over \$1.3 million. 97% of this cost was determined to be work loss costs (or lost productivity), while the other 3% accounted for medical costs.

The CDC concluded that blue-collar workers, such as construction and warehouse workers, are among [industries at the highest risk](#). Even first responders are [more likely](#) to die by suicide than in the line of duty. Many of these high-risk occupations share similar characteristics that are also common [risk factors](#) for suicide: job instability, lower wages (and thus a higher probability of financial

hardship), access to lethal means, and exposure to traumatic events. To address this growing concern, suicide prevention groups are aiming to guide employers in improving workplace morale, offering mental health resources, and providing [support to employees after a suicide](#) occurs.

Together, the American Association of Suicidology, United Suicide Survivors International, and AFSP partnered to establish [Workplace Suicide Prevention](#), an initiative aimed at educating employers on best practices for preventing suicide.

Workplace Suicide Prevention offers nine [key practices](#) of suicide-safe workplaces: leadership, job strain reduction, communication, self-care orientation, training, peer support and well-being, mental health and crisis resources, mitigating risk, and crisis response. By incorporating these practices into everyday office routines, employers can effectively prioritize suicide as a basic tenet of work safety.

Employees can also play essential roles in supporting the mental and emotional well-being of their coworkers. Employees should familiarize themselves with [the warning signs of suicide and the action steps they can take to connect someone to help](#), such as linking that person with their company's EAP program.

For more tips, tools, and resources for preventing work-related suicides, check out the National Action Alliance for Suicide Prevention's [Comprehensive Blueprint for Workplace Suicide Prevention](#).

Updates from the Field

New CareFirst Partnership Aligns More Than a Million Marylanders with the Maryland Primary Care Program

CareFirst BlueCross BlueShield recently joined the [Maryland Primary Care Program](#) (MDPCP), providing over a million Marylanders with accessible integrated health services. Practices in the MDPCP offer onsite care managers and behavioral health specialists, medication management, and integrated community and social support to patients.

National Guidelines for Mental Health Crisis Care: A Best Practices Toolkit

The Substance Abuse and Mental Health Services Administration recently released a [toolkit](#) to guide states and local communities in establishing and implementing effective behavioral health crisis services.

Suicide Prediction Modeling

Researchers conducted a [systematic review](#) of previous studies of suicide prediction models and found that prediction modeling in this way produces many false positives.

From Science to Practice: Postvention, Empathy

The U.S. Department of Veteran Affairs released two new literature reviews on [postvention](#) and [empathy](#) in clinical practice.

Officer Suicide Prevention and Wellness Programs

Researchers in a new [study](#) compared the mental health symptoms of law enforcement officers whose agencies offer suicide prevention programs and those whose agencies do not.

School Tip Lines Were Meant to Stop Shootings, but Uncovered a Teen Suicide Crisis

Many of the ten states with anonymous tip lines have received more reports about suicidal and self-injurious student behavior than threats of school shootings. [Read more.](#)

Suicide Risk after Emergency Department Visit

According to a new [study](#), patients who are treated in emergency departments for suicidal thoughts or intentional self-harm face an increased risk for suicide in the subsequent year.

Annual Report Shows National and International College Mental Health Trends

An [annual report](#) from the Center for Collegiate Mental Health found that rates of NSSI, suicidal thoughts and attempts, anxiety, and depression have increased over the past school years.

Colorado: A Construction Company Embraces Frank Talk about Mental Health to Reduce Suicide

RK, a construction company in Colorado, has implemented regular “toolbox talks” on behavioral health, increased access to counseling and crisis services, and flexible leave, following several deaths of employees by suicide. [Read more.](#)

Every Marylander Counts - The 2020 Census Begins April 1

Participating in the [2020 Census](#) is important, easy, and safe. A complete count ensures that services like Medicare, Medicaid, Social Security, and public transportation can support those in need. Respond to your invitation online, or by phone or mail.

Sign Up to Receive the Weekly Suicide Prevention Scoop

Every Friday, we send out the Weekly Scoop with news about our program, training opportunities, new research from the field, and more. Sign up [here](#).

Funding Opportunity: Research on Interventions in Primary Care Settings

The National Institute of Mental Health has announced grant opportunities for [research](#) and [planning](#) to study interventions’ impact on mental health outcomes in pediatric primary care. Applications are due October 15.

Postvention Resources in Maryland

Our [Postvention Resources in Maryland Guide](#) was recently updated with new information on support groups, behavioral health services, and crisis services that can help survivors after experiencing a suicide loss. [Submit your agency’s information to be included in the guide.](#)

Spread the Word about Maryland’s Helpline

You can request promotional materials for the Helpline for your agency or organization. [Complete a request form.](#)

Grants to Implement Zero Suicide in Health Systems

SAMHSA announced a new grant opportunity to implement the Zero Suicide Model in healthcare systems. [Applications](#) are due March 30.

Announcements

Be Part of Maryland’s 32nd Annual Suicide Prevention Conference

The Suicide Prevention Conference Planning Committee is seeking presenters and vendors for next year’s conference on October 7. The deadline to [submit a workshop proposal](#) is March 25. To complete a vendor application, contact us at mdh.suicideprevention@maryland.gov by July 1.

Events

April

April 16	Engaging in Suicide Prevention for the LGBTQ+ Community	Register
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May

May 15-17	National Weekend of Prayer for Faith, Hope, and Life	More information
May 20	Governor's Commission on Suicide Prevention Meeting	Register
May 21	A Focus on Suicide Prevention for African American Boys	Register

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About MD-SPIN

Maryland's Suicide Prevention and Early Intervention Network (MD-SPIN) provides a continuum of suicide prevention training, resources and technical assistance to advance the development of a comprehensive suicide prevention and early intervention service system for youth and young adults. MD-SPIN will increase the number of youth, ages 10-24, identified, referred and receiving quality behavioral health services, with a focus on serving high risk youth populations (LGBTQ, transition age, veterans and military families, youth with emotional and behavioral concerns) and in target settings (schools, colleges/universities, juvenile services facilities, primary care, emergency departments).

Behavioral Health Administration Mission

The Maryland Department of Health Behavioral Health Administration will develop an integrated process for planning, policy and services to ensure a coordinated quality system of care is available to individuals with behavioral health conditions. The BHA will, through publicly-funded services and support, promote recovery, resiliency, health and wellness for individuals who have or are at risk for emotional, substance related, addictive and/or psychiatric disorders.

